

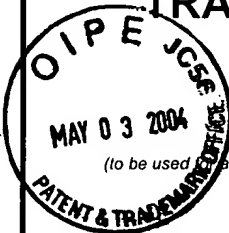
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AUS920010390US1 (9000/41)

Examiner
OMARY. NAWARA T.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

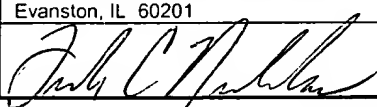
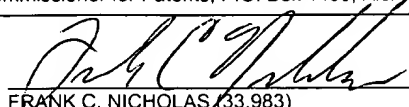
AF/2683

| | | |
|--|----------------------|---------------------------|
| TRANSMITTAL FORM  | Attorney Docket No. | AUS920010390US1 (9000/41) |
| | Application Number | 09/881,873 |
| | Filing Date | JUNE 14, 2001 |
| | First Named Inventor | KULVIR S. BHOGAL |
| | Group Art Unit | 2683 |
| | Examiner | OMARY, NAWARA T. |

| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Petition for Extension of Time Request (dup) <input type="checkbox"/> Express Abandonment Under 37 CFR 1.138 <input type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Notice of Appeal (dup) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> RECEIVED MAY 05 2004 Technology Center 2600 </div> |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>09-0447</u> (IBM Corporation). A duplicate copy of this sheet is enclosed. | | |
| <input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>09-0447</u> (IBM Corporation). A duplicate copy of this sheet is enclosed. | | |

CALCULATION OF FEE

| | | | | Small Entity | | or | Large Entity | |
|---|------------------------|-------|---------------------------------|---------------|-----------------|-----------|-----------------|-----------|
| | Claims After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | Rate | Add'l Fee |
| Total | | Minus | | 0 | x \$9= | 0 | x \$18= | |
| Indep. | | Minus | | 0 | x \$43= | 0 | x \$86= | |
| First Presentation of Multiple Dep. Claim | | | | | + \$145= | --- | + \$290= | |
| | | | | | total add'l fee | | total add'l fee | |
| | | | | | \$ 0 | | \$ 0 | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|---|---|-------|----------------|
| Firm or Individual name | FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201 | | |
| Signature |  | Date | April 27, 2004 |
| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: <u>April 27, 2004</u> | | | |
| Signature |  | Date: | April 27, 2004 |
| FRANK C. NICHOLAS (33,983) | | | |